

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X660

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24. Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

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Establishmer	1	_		Telephone Number	Date of In (mm/dd/y	Date of Inspection PERMIT # (mm/dd/yr)		
Village				812-501-5012		4/9/2019 18-291		
			mber and street, city, state, zip code)	502-645-1498			- ''	
825 Owner	<u> </u>	74	Georgetown, IN 47122		<u> </u>		:	
1	. E	٠1.	C. I.	Purpose:	Follow-up Release Date			
Janic Owner's Add		<u>rı K</u>	Cahoe	1. Routine	NO 10 days			
Owner's Aut	iress			2. Follow-up	Summary of Violations:			
Person in Ch	0700			3. Complaint	~		V	
Hailey		$L \coprod$		4. Pre-Operational	C_Q	NC Z	R_()	
Responsible			U(5. Temporary	Many To	pe (See back of pa	1	
			re Barnileon	6. HACCP	Ment Ty	ре (зее васк ој ра	ge)	
Certified Foo	n toye	er	a regradur	7. Other (list)	1 1	X 3 4	_	
Chla	· Fr	ak	lin (0/26/22)		'	<u> </u>		
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"								
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU	MMARY OF VIOLATIONS" A	ID IN THE N	NARRATIVE BELO	OW AS "R"	
	C/NC	R	Narrative Narrative			To Be Correc	ted By	
324	24		Observed mush and sanifred hoses for	be 6" too los	^	Today		
1			-at to grownt back sightnesses		/			
413	MC.		Observed both extraves being left	- 404				
 • • • •	7-0	-						
			- install screens or close to prou	ut rectis		7-009		
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Received by (·	Inspected by (name and title printed):				
Hailey Castetter Received by (signature): Hailey Castetter				A.). Ingram (EHS)				
Received by (signature);				Inspected by (signature):				
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